	Substitute for form 1449/PTO				Complete if Known			
					Application Number			
	INFORM	ATION	ı Dic	CL OSLIDE	Filing Date			
INFORMATION DISCLOSURE					First Named Inventor	John M. Lown		
	STATEN	/IENT E	3Y A	PPLICANT	Art Unit			
(Use as many sheets as necessary)				ecessary)	Examiner Name			
$\overline{}$	Sheet 1		of	1	Attorney Docket Number	FL02-N61		

				DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (ff known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 6,273,258 B1		Piacenza	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY			T ⁶
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